2015

Temporary Food Event - Coordinator's Checklist



RETURN TO HEALTH DEPARTMENT DISTRICT OFFICE THIRTY (30) DAYS BEFORE EVENT.

(Submittal of checklist not required for single day events or events with five or less food vendors.)

Providing the following information will help to ensure that you have a successful event. Be sure to notify all food booth participants of the Health Department requirement to apply for a Temporary Food Permit at least TWO (2) WEEKS PRIOR TO THE EVENT.

Application for a Temporary Food Permit can be made on-line at http://www.kingcounty.gov/health/ehs/portal.aspx

1.	NAME OF EVENT:		EVENT	EVENT DATES:	
2.	EVENT ADDRESS OR LOCATIO	N:			
3.	NAMES OF EVENT COORDINA	TORS/RESPONSIBLE INDIVIDU	ALS:		
Name:		Email:		Phone:	
Name:		Email:		Phone:	
4.	NUMBER OF ANTICIPATED FO Attach a list of anticipated ven				
5.	EVENT SET UP: Set up date:	Time:			
7.	TIME OF EVENT: Opening time:	Closing time:			
8.	DESCRIBE RESTROOM FACILITIES FOR FOOD SERVICE WORKERS:				
	(Restrooms must be located wi	thin 200 feet of food booths with ho	ot water for handwash. Lette	er of availability may be required.)	
10.	WILL ELECTRICITY BE PROV	IDED TO THE FOOD BOOTHS?	Yes No		
	If yes, describe:				
11.	WILL WAREWASHING FACILITIES BE PROVIDED FOR FOOD BOOTH OPERATORS? Yes (Dishwashing facilities are required if event is over one day long)				
	• If yes, describe:				
	How will water be supplied? _				
	How will waste water be dispo	sed?			
12.	HOW WILL GARBAGE BE DISH	POSED?			
	(Signature)		(Title)	(Date)	

Available in alternative format upon request pursuant to ADA

DISTRICT HEALTH CENTERS

DOWNTOWN 401 5th Ave, 11th Floor Seattle, WA 98104 206-263-9566

EASTGATE 14350 S.E. Eastgate Way Bellevue, WA 98007 206-477-8050